U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.O 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E AMS UNIT	200 - Common Com
1. File Number U - 000094-	2. Fiscal Year Covered From:  C1 / 2cc4 Through: 73 / 31 / 2cc4
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name DENNIS R. Fleming	Name United Steelworkers of AMERIA  Labor Organization File Number 002 727
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 1434 Bristal DR.	Street 1945 Lincoln Hwy
city South PARK	city North VERSAI/LES
State PA. ZIP Code + 4 157 29	State PA ZIP Code + 4 15137-2798
5. Position in labor organization. Staff Representa	Live a consideration of the constant of the co
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclusion of the ex	sions set forth in the instructions):
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name  Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	
State ZIP Code + 4 ZIP Code + 2 ZIP Code + 2 ZIP Code + 2 ZIP Code + 3 ZIP CODE - 3	
	ature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ring documents), has been examined by the signatory and is, to the best of the
Signed Dennis R. Fleming	On 8-5-05 4/2-653-88 36  Date Telephone Number

Name of Person Filling DENNIS K. Fleming	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Steelwork Feathful & Welfare Fund  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street Fire Gateway Center  City Pittsburgh  State PA. ZIP Code + 4 /5/32-1244	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.  Business 15 A health & welfare  TRUST Fund Sponsored by LABOR  Organnization.
Street	11.b. Approximate dollar value of such dealing.
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  Reimbursed expenses Attributable to SERVING AS A Member of the board of trustees of the Steelworkens  HEALTH E WELFARE Fund
	12.b. Amount.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	
Time South I	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.